

	INITIALS	ID NO.	DATE
FEE DETERMINATION	B.H.		3/24/01
O.I.P.E. CLASSIFIER	M.D.N.	20	04/21/01
FORMALITY REVIEW	1m	20864	5/12/01
RESPONSE FORMALITY REVIEW	M.H.	85	08-29-01
	JK	835	10/31/01

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8/24/01
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	8/24/01
52	✓
53	✓
54	✓
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Claim	Date
Final Original	
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

Best Available Copy

5/25/01  
 JES  
 05/25/01  
 781  
 10/31/01